

ROUTING FOR DECISIONS OF BOARD OF APPEAL

	Initials	Date
QAS	<u>MP</u>	<u>9/20/04</u> ✓
Director	<u>DN</u>	<u>9/21/04</u>
SPE	_____	_____
Examiner	<u>BSD</u>	<u>9/22/04</u>
Disposal Recorded by LIE	_____	_____

Date of Decision	Serial Number	Examiner	Art Unit	Affirmed	Reversed
<u>7-14-04</u>	<u>09/399,412</u>	<u>Broadhead</u>	<u>3661</u>	<input type="checkbox"/> 101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 112 <input type="checkbox"/> other	<input type="checkbox"/> 101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 112 <input type="checkbox"/> other

****DUE DATE: OCT. 21, 2004

Comments: Order Return to Examiner
Needs full name of the examiner to credit the \$320 notice of
appeal fee and \$280 oral hearing fee to Application SN 09/399,412
and not 09/933,412.